

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29651

State File No. ....

Registrar's No. 268

BIRTH NO. ....		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		State File No. ....	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton Missouri 2 yr 4 mo</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Armstrong</u> 0450			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 1</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Nellie</u>		b. (Middle) <u>Jones</u>		c. (Last) <u>—</u>	
4. DATE OF DEATH		(Month) <u>Sept</u>		(Day) <u>22</u>		(Year) <u>1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>negress</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>widowed</u>		8. DATE OF BIRTH <u>Nov 23, 1874</u>	
9. AGE (In years last birthday) <u>78</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		11. BIRTHPLACE (State or foreign country) <u>Howard County Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Douglas Lee</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Emhart</u>		14. NAME OF HUSBAND OR WIFE <u>James Jones</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L. Lyle Fayette</u>		ADDRESS <u>Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cardiovascular renal disease</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>—</u>  DUE TO (c) <u>442X</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 1, 1950</u> , <u>Sept 22, 1951</u> , that I last saw the deceased alive on <u>Sept 22, 1951</u> , and that death occurred at <u>2:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. R. Hunter</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Fulton Missouri</u>		23c. DATE SIGNED <u>Sept 22, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>State Hosp #1</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/26/1951</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence PCM</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.C. Weeks</u>		ADDRESS <u>Fulton, Mo</u>	

RECEIVED

OCT 2 1951

DISTRICT HEALTH OFFICE No. 4

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

*BODY NOT EMBALMED*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.